

## INFORMATION REGARDING FELONY CONVICTION

If you have been convicted of any felonies you must complete this form. Submit this completed form with a certified copy of the court order outlining the charge(s), conviction(s), sentencing order(s) and discharge papers (if applicable) to the Kansas Board of Cosmetology.

1. Name: \_\_\_\_\_  
Last First Middle

Previous Name(s): \_\_\_\_\_

2. Home Address: \_\_\_\_\_  
Street & Apt. # City State Zip Code

3. Daytime Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

5. Please provide the following about your felony or felonies:

a. Date of Conviction(s): \_\_\_\_\_

b. Court(s): \_\_\_\_\_

c. Charge(s): \_\_\_\_\_

d. Disposition/Sentence(s): \_\_\_\_\_

e. Current Status of Sentence(s): \_\_\_\_\_

f. Have you been released from probation/parole? \_\_\_\_ yes \_\_\_\_ no

*If you are currently incarcerated, on parole, probation, or under court supervision, a parole officer, probation officer, community corrections officer or court services officer must complete the attached second page. Upon completion, please return to the Kansas Board of Cosmetology.*

6. You must demonstrate to the Board's satisfaction you are "sufficiently rehabilitated to warrant the public trust."  
Provide a statement addressing this issue. (Attach an additional page if necessary.)

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### DECLARATION OF FELONY INFORMATION

I declare under penalty of perjury as defined in K.S.A. 21-3805, that the information contained herein is true and correct. I understand that under the Cosmetology statutes providing false information may constitute grounds for denial of my application pursuant to K.S.A. 65-1908.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date